

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90060 047 ***150.00

DOCUMENT # P98000089441

1. Entity Name
M R. EQUIPMENT & LEASING CORP.

Principal Place of Business 477 MADISON AVE 6TH FLOOR NEW YORK NY 10022	Mailing Address 4302 GATOR TRACE DRIVE FORT PIERCE FL 34982-6805
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B0033604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 61-1334950		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE COB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENFIELD, MARVIN E		NAME	
STREET ADDRESS 477 MADISON AVENUE, SIXTH FLOOR		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10022		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSEN, PAUL		NAME	
STREET ADDRESS 1 N.E. FIRST STREET, STE. 700		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33132		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HOCHMAN, FREDERICK		NAME	
STREET ADDRESS 4302 GATOR TRACE DRIVE		STREET ADDRESS	
CITY-ST-ZIP FT. PIERCE FL 34982		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KARDOS, JUDITH		NAME	
STREET ADDRESS 477 MADISON AVENUE, 6TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10022		CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENFIELD, BARBARA		NAME	
STREET ADDRESS 477 MADISON AVENUE, 6TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10022		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marvin E. Greenfield* 2/28/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)